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**(PART A)**

1.	Judicial District	_____	3. B.P.A.#	_____
2.	Vendor	_____	4. Service Delivery:	FROM TO
	a. Address:	_____	5. Total # Individuals Served:	_____
	b. Telephone:	_____		

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

Authorized Administrator			
6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
	Totals:		
Co-Pay Received:			
SC 1501/Administrative Fee: (10%)			
Balance Due:			

SD/IL  
11/03

# INVOICE

**Subtotal all costs for each client listed below:**

SD/IL  
11/03